

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting form for completion.

<b>COMPANY INFORMATION (VENDOR)</b>	
<b>COMPANY NAME:</b> New England Interactive, Inc. dba InforME	<b>ACH FORMAT:</b> <input checked="" type="checkbox"/> CCD <input type="checkbox"/> CTX <input type="checkbox"/> CTP
<b>ADDRESS:</b>	1 Market Square, Suite 101 Augusta, ME 04330
<b>CONTACT PERSON NAME:</b> Michelle Boivin, Office Manager	<b>TELEPHONE NUMBER:</b> (207) 621-2600 x21

<b>PAYEE/COMPANY INFORMATION</b>	
<b>COMPANY NAME:</b>	<b>SSN NO. OR TAXPAYER ID NO.:</b>
<b>ADDRESS:</b>	<b>ATTENTION:</b>
<b>CONTACT PERSON NAME:</b>	<b>TELEPHONE NUMBER:</b>

<b>FINANCIAL INSTITUTION</b>	
<b>NAME:</b>	
<b>ADDRESS:</b>	
	<b>ATTENTION:</b>
<b>ACH COORDINATOR NAME:</b>	<b>TELEPHONE NUMBER:</b>
<b>NINE DIGIT ROUTING/TRANSIT NUMBER:</b>	
<b>DEPOSITOR ACCOUNT TITLE:</b>	
<b>DEPOSITOR ACCOUNT NUMBER:</b>	<b>LOCKBOX NUMBER:</b>
<b>TYPE OF ACCOUNT:</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
<b>SIGNATURE AND TITLE AUTHORIZED OFFICIAL:</b>	<b>TELEPHONE NUMBER:</b>